

# Solano County Health & Social Services Department

Mental Health Services  
Public Health Services  
Substance Abuse Services  
Older & Disabled Adult Services



Eligibility Services  
Employment Services  
Children's Services  
Administrative Services

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## SOLANO COUNTY SPECIALIZED CARE INCREMENT RATES

EFFECTIVE 01/01/08 (ACL 08-01)

AGE	0-4	5-8	9-11	12-14	15+
RATE MIN	\$135	\$123	\$123	\$104	\$100
MED	\$273	\$247	\$247	\$206	\$202
MAX	\$407	\$371	\$371	\$310	\$305

A supervisor and manager must approve **supplemental** clothing allowances. Children are eligible for the semi-annual allowance if they have been in placement for 6 months. Receipts are required, and if not received by the eligibility worker the payee will be charged with an overpayment. Clothing allowances are not issued to children in Group Home, Guardianship, or Regional Center placements. An initial clothing allowance can be approved by a CWS supervisor for a child in need of clothing upon initial removal.

\* Kin-GAP kids are eligible for clothing allowances effective 10/01/2006 per ACL 7-13.

# Chapter/Program: Specialized Care Increment (SCI)

- Section Contents General Overview
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## General Overview:

Specialized Care Increments (SCI) are requested jointly by the social worker and the care provider (county licensed foster home, relative, or NREFM), keeping in mind that all children, at some point in their development, have difficulty in relationships, behavior or school to some degree. The Specialized Care rate is intended for the infant/child/teenager who requires additional care, supervision, or an unusual expenditure of financial resources to cope with the identified concern(s) of the youth in care. It is important to specifically detail what the care provider is required to do because of the infant/child/teenager's medical, physical, emotional and/or behavioral needs. The documentation should also include how frequently the provider has to engage in the identified activity. When possible, the social worker should have observed the behavior or have verification from more than one source, i.e. school, care provider, therapist or physician. Age appropriate behavior, even if "difficult" does not qualify for the structure.

The SCI rate will be reassessed annually for active foster care cases and every two years for Kin-Gap cases. If the issues that substantiated the rate no longer exist, or have decreased significantly, the rate will be adjusted accordingly.

"Specialized Care Increments" (SCI) have been formerly known as a "Difficulty of Care Rate" or "D.O.C." and this term, while not technically correct, is sometimes still used in reference, particularly by foster parents.

The social worker and the care provider should submit the initial request once they have assessed the need and determined that an SCI is the appropriate response to the need. Ideally this assessment should occur within the first 30 days of placement. The SCI can play a vital role in placement stability when used judiciously as an appropriate resource.

The SCI does not transfer from one placement to another. If a child moves, then a new SCI form would need to be developed and submitted, as the existing SCI is an agreement with the prior caregiver, even though the child's needs may likely be the same, as might the interventions required by the caregiver. If the infant/child/teenager's special needs are well-established, documented and chronic (as is common with serious medical conditions, for example), then the *Request for Specialized Care Increment* can and should be submitted at the time of the move to a new caregiver.

If the social worker thinks the child/teenager's behavior may improve in the different environment, it can be appropriate to fund the new placement at the regular rate (no SCI). The social worker should monitor

the child's behavior and the interventions of the care provider. If the child/teenager's behavior and care needs justify an SCI request, then the social worker promptly (within 30 days of placement) initiates a *Request for Specialized Care Increment*. The SCI rate becomes effective seven days after the manager's approval. The social worker may assess that SCI is no longer required, and have the child continue in the new placement at the regular rate.

SCI's are not given to Foster Family Agency (FFA) certified homes or Group Homes. SCI's are only available to county licensed foster home care providers, relatives, Kin-Gap, and NREFM placements (depending on specific funding/eligibility). Effective January 1, 2011, the new provisions of the Kin-GAP Program as enacted by AB12 allows an SCI to be initiated and/or adjusted at any time on a Kin-GAP case (ACL 11-15). It is no longer a requirement that an SCI be approved prior to termination of dependency for SCI eligibility on Kin-GAP cases.

## **Policy:**

It is the policy of Solano County to place youth in the lowest possible level of care (when out of home care is warranted) and to actively engage in activities that promote both permanency and placement stability. Towards that end, SCI's shall be used in those instances when the normal resources of foster care are insufficient to meet the needs of a child who has emotional, physical, or auxiliary needs above-and-beyond what would normally be expected of a similarly aged child in foster care.

The Specialized Care Increment is specifically, a monthly monetary supplement to the substitute care provider monthly compensation rate. It is designed to compensate the provider for the higher level of care of special needs children.

There is an expectation that the provision of the SCI, in many cases (especially those qualifying under "emotional care") will result in an improvement in the functioning of the child. Conversely, some SCI's, such as those granted due to "physical care" (such as a permanent "g-tube" for feeding) may not change at all over time. The expectations regarding outcomes from the SCI are to be a part of the conversation between the social worker and the substitute care provider at the time that the SCI is drafted. Substitute care providers should be advised clearly in cases where the SCI is expected to produce results of improvement in the target behaviors or issues, and that the SCI will likely reduce in dollar amount in the future. The activities engaged in by the care provider are intended result in the improvement of the well-being and outcomes for the child.

Social workers must ensure that the information cited in the SCI form is fully true, and accurately mirrors what is documented in the case file, reports from service providers, and reports submitted to the court. If diagnoses are cited ("ADHD" or "PTSD") these should be found in greater detail in the HEP section of CWS/CMS and referred to in court reports. SCI's submitted will be scrutinized for supporting documentation.

## **Out-of-County Placements**

If the child is in a foster home placement in another county, the SCI rate will be paid at the funding rate established by the other county for the comparable level of care. There is typically some discrepancy between counties as to the exact dollar amount for their SCI programs. The SCI program supervisor, with assistance from eligibility, is responsible for determining the out-

of-county rate to be paid, as part of the SCI ranking process. Solano County CWS will assist other counties with determining the SCI rate for their children placed in Solano County.

Effective January 1, 2011, if the relative guardian on a Kin-GAP case resides outside Solano County, Solano County will pay the host county's specialized care rate or its own specialized care rate if the host county has no specialized care system.

### Procedures:

Step	Parties	Actions
	Social Worker III and the foster parent (SCP)	The social worker and/or care provider (SCP) may request a Difficulty of Care/SCI rate. The process of application needs to be completed together. The Social Worker and the care provider jointly complete the <i>Request for Specialized Care Increment</i> . <b>Form 48-11-128</b> . The care provider may receive the form from the social worker and complete the form independently. <b><u>However, the social worker must review and sign the form and is primarily responsible for it being filled out correctly.</u></b>
	Social Worker III	The social worker III must ensure that any SCI they have jointly developed or which was submitted by the SCP is accurate, both in terms of the description of the child's behavior and the interventions that the SCP will be using. <b><u>The documentation in the SCI should be consistent with the documentation in the court reports , CWS/CMS contacts, issues discussed in supervision or in the case of Kin-Gap placements school and provider documentation .</u></b> Social Workers are to alert their supervisor to any inaccurate or untrue information on the SCI form.
	Social Worker III	The social worker must also inform the supervisor in the event that they do not agree with the request and state why.
	The CWS Unit Supervisor	The supervisor reviews and signs and dates the <i>Request for Specialized Care Increment</i> . The supervisor submits the <i>Request for Specialized Care Increment</i> to the SCI Program Supervisor or the Adoptions Supervisor for cases in the Adoptions' unit
	SCI Program Supervisor or Adoptions Supervisor	The SCI Program Supervisor (or Adoptions Supervisor if applicable) receives and date stamps the <i>Request for Specialized Care Increment</i> . Please note it takes up to five business days for the SCI renewals to be reviewed by the SCI Program Supervisor and the Program Manager. <i>Therefore renewals are due to the SCI program Supervisor at least ten business days prior to the renewal due date.</i>
	SCI Program Supervisor or Adoptions Supervisor	The SCI Program Supervisor (or Adoptions Supervisor) determines the rate based on the level of care required to meet the needs of the child/teenager. This rating is based primarily on the information on the form, and the established criteria. Other documentation will be referenced, including a corresponding court report and documentation in CWS/CMS , the case file or that is supplied by the school or other providers at the discretion of the rating SCI Program Supervisor.
	Other Supervisor	In the event that an SCI is for a child on a caseload that the SCI Program Supervisor supervises, the SCI supervisor will secure the review and signature of another informed supervisor to confirm the rating decision.

	SCI Program Supervisor  or Adoptions Supervisor	SCI Program Supervisor (or Adoptions Supervisor if applicable) generates and logs the effective date, review date, and then writes all this information on the form signs and dates it.												
	SCI Program Supervisor or Adoptions Supervisor	The SCI Program Supervisor (or Adoptions Supervisor if applicable) submits the form to the Manager for final approval and logs the date it was submitted. (If the Manager will be out for seven days or more, the SCI form shall be given to another manager for approval.)												
	Program Manager	The Manager approves the form and submits it to the Eligibility OA for processing. If the SCI form can not be approved by the manager, it is returned to the SCI supervisor with comments.												
	Eligibility OA (FC-OA)	The FC-OA makes one copy and distributes: <ul style="list-style-type: none"> <li>• Original to FC-EBS</li> <li>• Copy to SW</li> </ul>												
	Eligibility Worker (FC-EBS)	<p>The FC-EBS will:</p> <ul style="list-style-type: none"> <li>• Complete basic Foster Care case procedures</li> <li>• Determine the effective date and amount of the SCI by reviewing the 48-11-128 form and following the chart below:</li> </ul> <table border="1"> <thead> <tr> <th>If the FC case is...</th><th>And the SCI is...</th><th>Then the SCI is...</th></tr> </thead> <tbody> <tr> <td>New</td><td>New</td><td>Prorated from the specified date on the form for FC cases.</td></tr> <tr> <td>On-going</td><td>New</td><td>Effective the day of the month specified on the form.</td></tr> <tr> <td>On-going</td><td>On-going (Renewal)</td><td>Continued as long as the renewal is received prior to the expiration of the current SCI form.</td></tr> </tbody> </table> <p><b>*</b> A SCI Notice of Action (NOA) will be mailed out to the provider once the SCI is paid and a copy will be filed in the Eligibility case.</p> <p><i>Note: Eligibility requires a SOC158A whenever a SCI is approved, renewed or stopped.</i></p>	If the FC case is...	And the SCI is...	Then the SCI is...	New	New	Prorated from the specified date on the form for FC cases.	On-going	New	Effective the day of the month specified on the form.	On-going	On-going (Renewal)	Continued as long as the renewal is received prior to the expiration of the current SCI form.
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New	New	Prorated from the specified date on the form for FC cases.												
On-going	New	Effective the day of the month specified on the form.												
On-going	On-going (Renewal)	Continued as long as the renewal is received prior to the expiration of the current SCI form.												
	SWIII	<p>If the decision is made to grant the SCI the care provider is sent an SCI approval letter and a copy of the approved Request for <i>Specialized Care Increment</i> form.</p> <p>Copy of the SCI form received from FC-OA will be filed in the SW case.</p>												

## **Reductions in SCI ratings at reassessment**

If the issues were behavioral and qualified for the maximum or medium SCI initially, and the behaviors have improved significantly, the rate will be reduced by no more than one level at each reassessment period. If the issues causing the rate were medical or auxiliary and the issues no longer exist, the rate may be eliminated entirely at the time of reassessment.

## **Appealing an SCI rating or denial:**

Once an SCI has been established, the renewals must be completed, approved by the manager and submitted to the eligibility worker before the renewal date (noted on the most recent previously-approved SCI). If the renewal is not received by the eligibility worker on time, the funding will be discontinued until such time as a new SCI is completed and processed. This often results in complaint by the substitute care provider. The supervisor of the assigned social worker must provide a written memorandum to the program manager to request any adjustment or back payments to cover gaps. These typically require "All County Funds".

Once the SCI is processed or stopped by the FC-EBS, a Notice of Action (NOA) is mailed to the foster parent. If the foster parent disagrees with the county's decision, they have the right to file for a fair hearing within 90 days. The 90 days will start the day after the county gives or mails the NOA.

If the foster parent decides to appeal the county's action, the foster parent will need to either (1) complete the back of the NOA and send to the Appeals Unit @ 365 Tuolumne Street, MS 2-200, Vallejo, CA 94590 or (2) call toll free 1-800-952-5253 to request a fair hearing.

Once the Appeals Unit receives the request for a fair hearing, the Appeals Specialist will email the FC-Eligibility Supervisor and FC-EBS requesting that the eligibility case be sent to them within 5 working days. Note: If the SW's case is needed, the Appeals Specialist will contact the SW requesting that the SW case be sent to the Appeals Unit.

Upon notification for the eligibility case, the FC-EBS will pull the case file and give to the eligibility supervisor for review. The supervisor will review the case to ensure that proposed FC-EBS actions were correct and appropriate paperwork/NOA is on file. The supervisor will then give the case to the FC-OA to be logged and sent to the Appeals Unit.

Once a decision is made, the Appeals Unit will send a copy of the decision back to the FC-EBS via the eligibility supervisor. The FC-EBS will then process the case according to the court decision.

## **Attachments:**

**Reference Eligibility desk manual or P&P for processing once approved by Manager.**

- Attachment A: “Emotional Care”
- Attachment B: “Physical Care”
- Attachment C: “Auxiliary Care” (including “Special Diet, Transportation, Tutoring, Nursery or Pre-School, and Parental Visiting”)
- Attachment D: “Solano County Foster Care/Kin-Gap Rates” (including “Specialized Care Increment” rating chart).

## **References and Additional Resources:**

*CDSS ALL COUNTY INFORMATION NOTICE ACN 1-05-10 “SPECIALIZED CARE RATE PROGRAM”*

*ACL 07-13*

*ACL 11-15*

*ACIN 113-00*

*WIC 11460(e), 11461(e)*

*Manual of Policy and Procedure 11-401.2, 11-401.3*

## **Document History**

*Subject Matter Expert: Christopher Cassels, Social Services Supervisor*

*Document created/updated on: 5-20-11*

## ATTACHMENT A

## Emotional Care

**Minimum Level:** ☐ Demanding, clinging, constant crying, reversion to infantile behavior. FP must provide extra attention & comfort ☐ Tantrums more than 3x's a week & not easily distracted ☐ Child needs more than normal amount of supervision due to problems w/other peers or difficulty being alone & playing ☐ Child has sleep disturbances a few nights a week, needs comforting & supervision until asleep ☐ Child 3-5 yrs has daily or frequent enuresis, FP does extra washing & clothes changes. ☐ Child masturbates frequently in inappropriate places, child displays sexualized behavior, FP has to teach appropriate touching behavior ☐ Child has school & learning problems, FP must spend time assisting child with homework daily & keep in weekly contact w/school regarding child's behavior & progress ☐ Child is excessively dependent or passive with a lack of response, FP must work w/child individually daily w/activities to encourage interaction & confidence ☐ Child's behavior requires extra effort in limit setting & structure, and special skill in discipline by FP.

**Medium Level:** ☐ At least daily tantrums; very difficult to get child to cease behavior, refusal to follow basic rules. FP must be consistent & provide clear limit setting ☐ Hyperactivity which is disruptive in home & neighborhood, FP must supervise regimented routine involving abnormal structure ☐ Child is assaultive, FP must protect other children, and keep child from injuring self ☐ Child initiates talk of sex, sees daily activities in sexual terms; is inappropriate w/adults, FP must refrain to appropriate behavior & monitor closely ☐ Child presents discipline problems in school, in special education classes due discipline issues, FP has school contact at least 2-4x's a week, &/or daily tutoring at least 1 hr. ☐ Child is depressed & withdrawn, FP must monitor closely, work w/child individually, & w/therapist ☐ Truant; minor law infractions, shoplifting, lying, stealing at home, FP must provide close supervision, & clear consistent consequences. ☐ Enuresis, FP needs to get professional assistance, provide extra washing of clothes, or assist child if 10 years or older doing the laundry.

**Maximum Level:** ☐ Constant challenging of FP actions; attempts to undermine FP authority; arrogance as primary defense. FP need calm, non-emotional approach w/consistent, clear, realistic expectations & consequences ☐ Primary attachment to caretaker, no friends or peer activities, wants total attention of care giver, jealous of other children ☐ Regularly puts self in dangerous situations, problematic substance use, FP must teach & work w/child on decision making issues & closely monitor child, FP has had drug use education ☐ FP can't leave child unattended w/out adult supervision ☐ Encopresis at least twice weekly, extra laundry & cleaning ☐ Aggressive to others & property, same as level 2 only chronic and extreme; history of fire setting, FP must understand how to de-escalate anger & have anger management skills, provide close supervision ☐ Child is promiscuous, or initiates sexual activity w/other children on several occasions after being told by FP this behavior is not appropriate, FP must supervise closely, have training in sexually abused children, either by working closely w/therapist or in taking classes ☐ Runaway, FP must tolerate the behavior & work w/child around eliminating behavior as a reaction to discomfort or stress ☐ Extreme, bizarre behaviors, suicidal; eating disorder; on psychotropic medication, FP must monitor medications supervise closely, be in weekly contact w/therapist ☐ Serious Law Violations. ☐ Extreme hyperactivity (diagnosed).

Age appropriate behavior, even if "difficult", does not qualify for the Difficulty of Care Rate structure.



## ATTACHMENT B

## Physical Care

The extra amount of time and energy needed to care for the child's needs, and the skill level needed to be an adequate caretaker, e.g., nursing abilities, and the risk to the child if not properly handled are the three areas to examine when setting a rate in the physical care category.

**Minimum Level:** Child needs some help with putting on braces or prosthetic devices. help with buttons, laces, etc., but basically self-caring. Requires assistance in self medication. State dosage requirements. History of seizures, occur rarely, considered controlled with medication. Caretaker has had classes and uses universal precautions in their home; caretaker keeps contact with others somewhat limited due to higher propensity to infectious disease. Special diet issues (more difficult to prepare and buy for. If cost a significant factor caretaker needs to document cost of food and present). Needs to eat more often than is normal for same age group and requires special preparation and monitoring or supervision by caretaker; occasional but chronic constipation or diarrhea. Child slightly developmentally delayed, learns with frequent repetition of caretaker. Chronic colds or ear infections.

**Medium Level:** Child needs help with dressing, bathing, general toilet needs, as well as some help in ambulation; older child may require toilet training; may exhibit feeding problems such as excessively slow intake and eating which requires intervention by caretaker, e.g., difficulty feeding (takes over 30 minutes to feed and needs to be fed more often than regular schedule for child of same age.) Some vomiting and or choking. Requires monitoring of medication, with special attention to dosage taken and regularity of admission. Child has frequent diarrhea or constipation which has to be monitored and special attention given to diet, fluids and/or medication. Sleep pattern is such caretaker must be up one to two times most nights and need to stay up and settle child back to bed. Child has asthma. Child is on apnea monitor. Medical appointments are frequent, with emergency appointments also occurring.

**Maximum Level:** Child's physical problem is such that a skilled caretaker needs to be with the child. They are required to administer medication for conditions such as severe diabetes, seizures, and psychotropic drugs which require observation and accurate reporting to the physician. State dosage and reporting requirements. Child has severe sleep disturbances which require the caretaker to be up more than three hours during the middle of the night. Child has serious feeding problems which require long feeding and/or frequent feeding periods involving caretaker's assistance. Child is non-ambulatory and requires constant attendance; child requires one to two hours daily physical therapy by caretaker.

Age appropriate behavior, even if "difficult", does not qualify for the Difficulty of Care Rate structure.

## ATTACHMENT C

## Auxiliary Care

## Special Diet

Foster parent must provide special diets or supplements that require extra expense and are not covered under any other program. (Be sure to check WIC coverage for formula issues). Document need and cost per month.

## Transportation

Specify mileage per month; we set the dollar amount, based on mileage. The dollar amount will be determined by amount per mile approved for staff. Foster parent takes child for regularly scheduled therapy out of town; for unusual number of medical appointments. e.g., every week or more on a regular basis; transports child to parent visits on a weekly, or more frequent basis; takes child to school out of district as part of the case plan; any long distance transportation that is more than normally expected. If, in order to take child for such specified appointments, hiring a sitter for other children is necessary, this may be included if cost is excessive to foster parent's income. Indicate number of hours and cost per month.

## Tutoring

Document need and cost. Must be recommended by the school, or part of the service plan.

## Nursery or Pre-school

Document need and cost. Must be recommended as needed for the child's development and part of the service plan.

## Parental Visiting

If visits occur more than twice weekly and are for extended periods of time which makes it difficult for the foster parent to have a normal family schedule; when parents are difficult to handle and require special skill or tolerance because of conditions such as psychosis or alcoholism (show up drunk at foster home as a pattern, or are very belligerent and hostile and this pattern continues) Document problems and attach parental visiting schedule. Foster parents are not expected to handle problems which present danger to foster child or themselves.